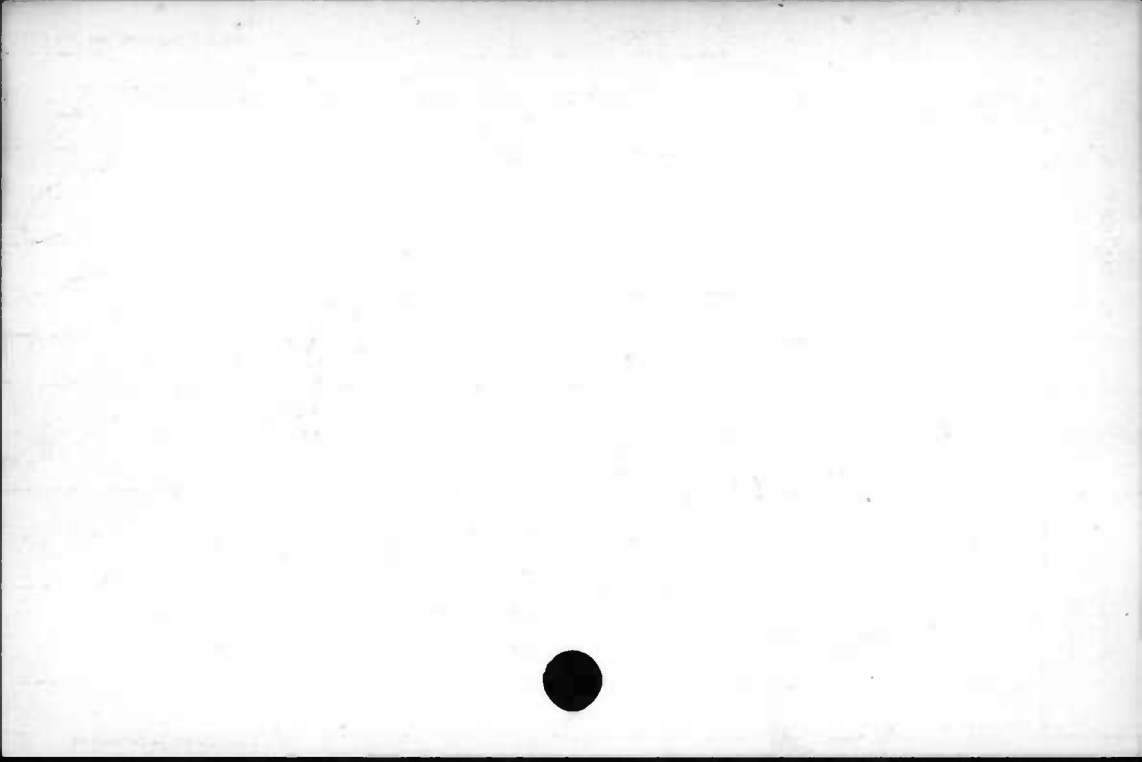


| | | | |
|--|--|---------------------------------|--------------------|
| Name in Full Samuel R. Bailey | | CERTIFICATE OF DEATH | |
| Town Bozman | | County Talbot | |
| Died at Bozman | | MARYLAND | |
| Date of death 1906 | Month Jan | Day 24 | Age 40 |
| Sex Male | Color or Race Colored | Birth-place Talbot Co | Months 6 |
| Occupation Labourer | Where Residing if not at place of death Bozman | | |
| Married, Single or Widowed Married | Name of Wife or Husband Mary E. Bailey | | |
| Father's Name Roah Bailey | Father's Birthplace Bozman | | |
| Mother's Maiden Name Emily J. Green | Mother's Birthplace Bozman | | |
| Name of person giving information Mary E. Bailey | How related to deceased wife | | |
| CAUSES OF DEATH | | | |
| Primary Consumption | How long abt 5 weeks | | |
| Immediate | How long | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Dr. J. B. Smith | | |
| | Address St Michael | | |
| Accident or Suicide? No | W.D. | | |



Name
in
Full

Hermit-Elwood Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

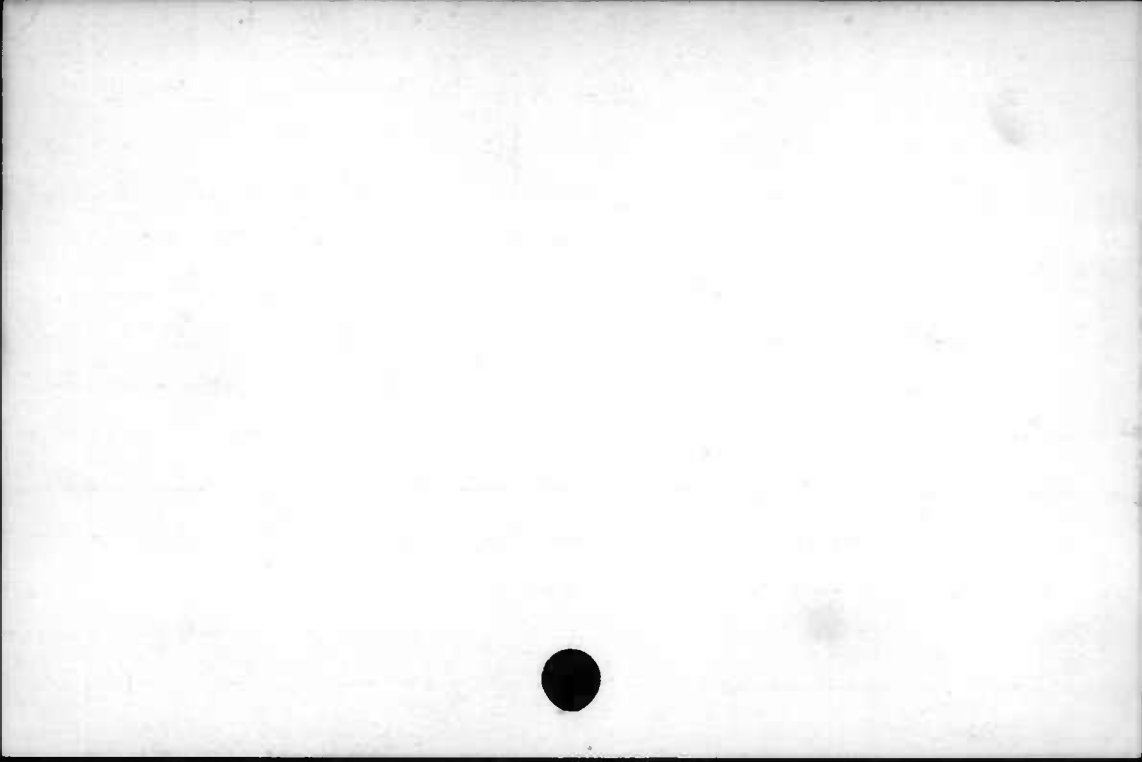
MARYLAND

| | | | | | |
|--|------------------|---|--------------|-------------------------------|-----------------|
| Died at <i>Tilghman</i> Town | | <i>Talbot</i> County | | | |
| Date of death <i>1906</i> | Month <i>Jan</i> | Day <i>24</i> | Age <i>—</i> | Years <i>—</i> | Months <i>6</i> |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birthplace <i>Seaford Del</i> | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>Tilghman</i> | | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Isaac Ballard</i> | | Father's Birthplace <i>Somerset Co. Md</i> | | | |
| Mother's Maiden Name <i>Cory Ballard</i> | | Mother's Birthplace <i>Somerset Co. Md</i> | | | |
| Name of person giving information <i>Isaac Ballard</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>2 days</i> |
| Immediate <i>Convulsion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>S. K. Wilson</i> |
| | Address <i>Tilghman</i> |
| Accident or Suicide? <i>—</i> | <i>Md</i> |



Name
In
Full

George H. Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mar* ^{Town} *Easton* ^{County} *Talbot-*

MARYLAND

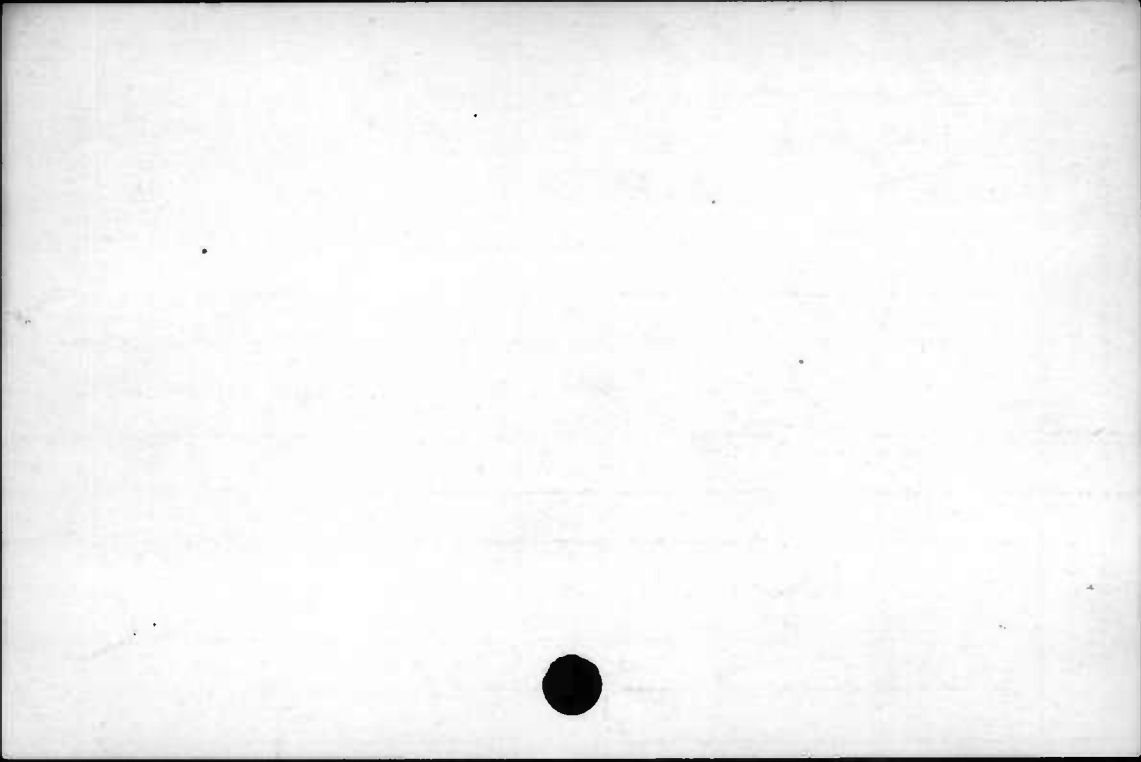
Date of death *1906* ^{Month} *Jan'y* ^{Day} *15-10* ^{Years} *51* ^{Months} *7* ^{Days} *9*Sex *Male* Color or Race *White* Birth-place *Trappe Md*Occupation *Farmer*Where Residing If not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
~~husband~~ *Ann E. Buckley*Father's
Name *Joseph Buckley*Father's
Birthplace *Trappe Md*Mother's
Maiden Name *Rusan Porter*Mother's
Birthplace *Langwinds
Md*Name of person giving
In formation *W. A. Buckley*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Consumption of Throat-*How long *one year*Immediate *Memphis*How long *two weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Samuel J. Connor

CERTIFICATE OF DEATH

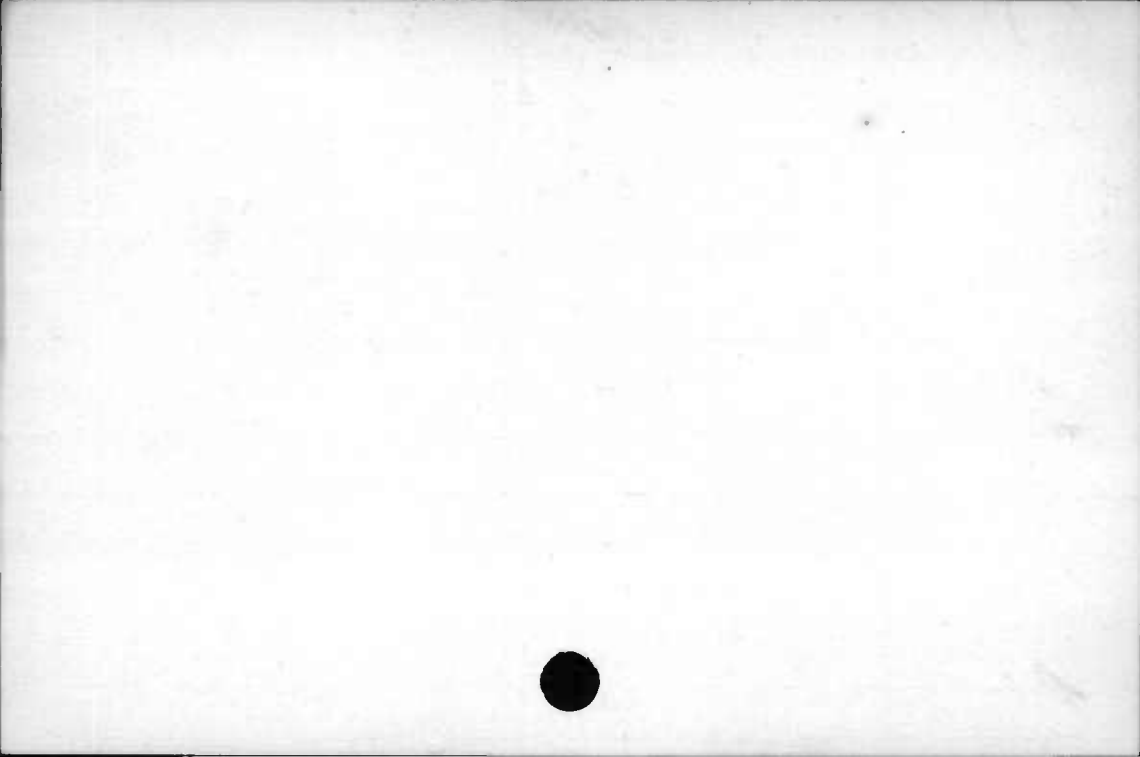
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------|-------------------------------------|---|-------------------------------|-----------------------------|
| Died at <i>St Michaels</i> <small>Town</small> | | <i>Talbot</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1905</i> | <i>Jan</i> <small>Month</small> | <i>11</i> <small>Day</small> | <i>59</i> <small>Years</small> | <i></i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Deleware</i> | | |
| Occupation <i>Merchant</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Wm H Connor</i> | | | Father's Birthplace <i>New Kenton Del</i> | | |
| Mother's Maiden Name <i>Mary Boyles</i> | | | Mother's Birthplace <i>d. d.</i> | | |
| Name of person giving information <i>Grace Connor</i> | | | How related to deceased <i>Daughter</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Chronic Diarrhoea</i> | How long <i>6 mo</i> |
| Immediate <i>Cardiac asthenia</i> | How long <i>3 weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>A. B. Glascock</i> |
| | Address <i>St Michaels Md</i> |
| Accident or Suicide? | <i>✓</i> |



Name
in
Full

Simon Doran

CERTIFICATE OF DEATH

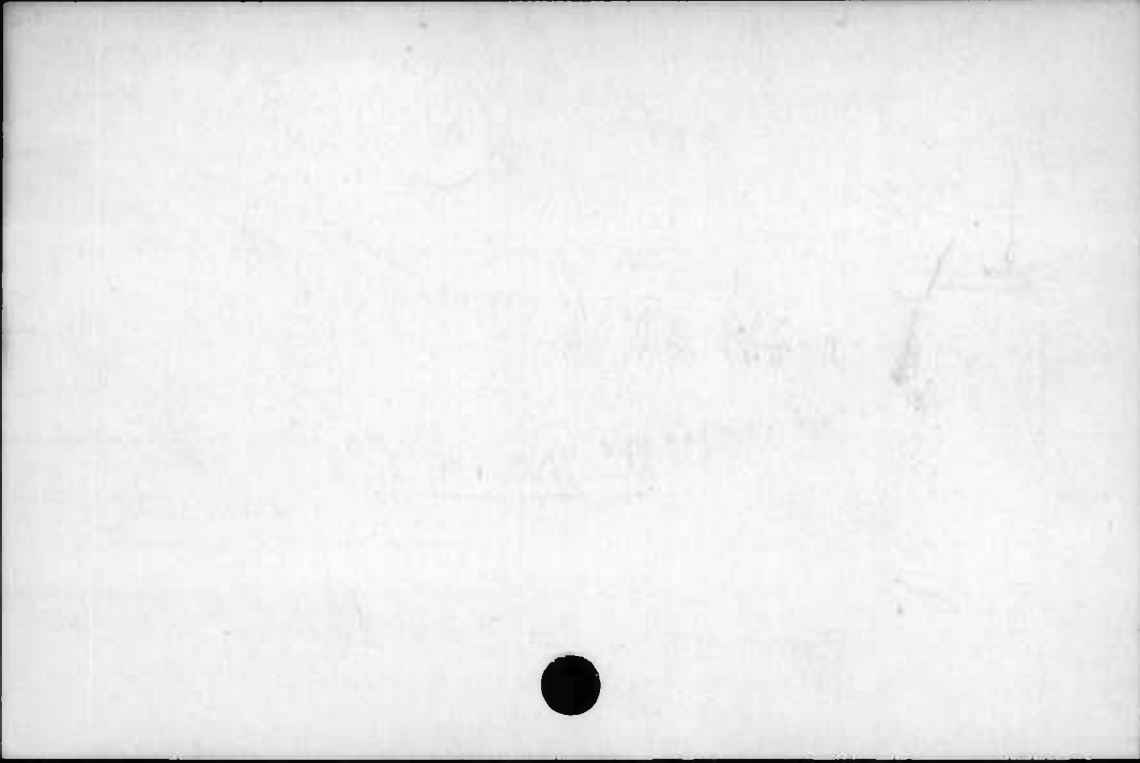
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|----------------------------|--|-----------------------------------|--|---|--|-------------------------|--|
| Died at | | Town Easton | | County Talbot | | MARYLAND | |
| Date of death | | Month | | Day | | Years | |
| 1906 | | Jan | | 12 | | Age 81 | |
| Sex | | Color or Race | | Birthplace | | Months | |
| Male | | Black | | Queen Anne's | | Days 4 | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Farmer | | | | Boarder & Med | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | Father's Name | | Father's Birthplace | |
| Widow | | Susan Doran | | Simon Doran | | Queen Anne's | |
| Mother's Maiden Name | | Name of person giving information | | Mother's Birthplace | | How related to deceased | |
| Susan Williams | | Shedrick Doran | | Queen Anne's | | Son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--|
| Primary | | How long | |
| Atrophy of Kidneys | | 3 mo | |
| Immediate | | How long | |
| Uremia | | 1 week | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Address | |
| | | Curstow, Md | |
| Accident or Suicide? | | | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name *James J. Dulin* 20/1/1. County *Wol* MARYLAND

Died at *Near Easton* Town *Near* County *Wol*

Date of death *1906* Month *1* Day *5* Age *74* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Talbot Co.*

Occupation *Bookkeeper* Where Residing If not at place of death *Near Easton*

~~Married~~ ☐ Single ☒ ~~Name of Wife or~~ ☐ ~~Husband~~

Father's Name *Wm. Dulin* Father's Birthplace *Talbot Co.*

Mother's Maiden Name *Ruth Dulin* Mother's Birthplace *Talbot Co.*

Name of person giving information *Frank C. Dulin* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Senility* How long *(179)*

Immediate *Found dead in bed* How long

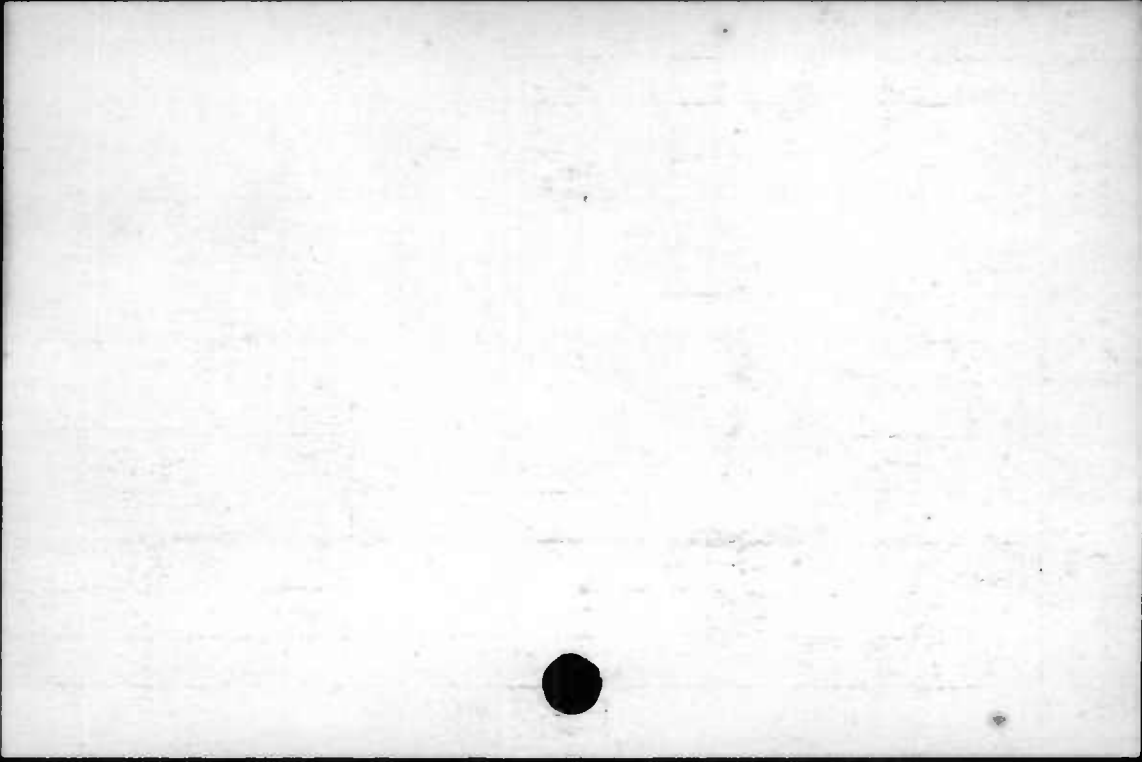
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Sam Patchell & sons
undertakers

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

| | | | | | |
|---|---------------------------------|--|--|--------------------------------|------------------------------|
| Died at <i>Easton</i> <small>Town</small> | | <i>Salisbury</i> <small>County</small> | | | |
| Date of death <i>1906</i> | <i>Jan</i> <small>Month</small> | <i>27</i> <small>Day</small> | <i>0</i> <small>Years</small> | <i>0</i> <small>Months</small> | <i>4</i> <small>Days</small> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>X</i> | | | Where Residing if not at place of death <i>X</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>X</i> | | | |
| Father's Name <i>Isaac Sullivan</i> | | | Father's Birthplace <i>Ind</i> | | |
| Mother's Maiden Name <i>Margaret Holman</i> | | | Mother's Birthplace <i>Ind</i> | | |
| Name of person giving information <i>Georganna Williams</i> | | | How related to deceased <i>Midwife</i> | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Big break at birth -</i> | How long <i>(151)</i> |
| Immediate <i>Exhaustion</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Midwife Georganna Williams</i> |
| | Address <i>Easton</i> |
| Accident or Suicide? | <i>✓</i> |



Name
in
Full

Virginia Fountain 20

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|--------|----------------|----------------------------|--|------------|----------------------------|-----------|
| Died at | | Town Easton | | County Talbot | | MARYLAND | |
| Date of death | 1906 | Month June | Day 24 | Age | Years X | Months X | Days 1 |
| Sex | Female | | Color or Race | Black | | Birth- place | Md |
| Occupation | X | | | Where Residing if not at place of death | | X | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | Isaac Sullivan | | | Father's Birthplace | |
| Mother's Maiden Name | | | Margaret Fountain | | | Mother's Birthplace | |
| Name of person giving In formation | | | Georganna Williams | | | How related to deceased | |
| | | | Midwife | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--------------------|----------------------------|--------|
| Primary | Very weak at birth | How long | (151) |
| Immediate | Exhaustion | How long | 4 days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Midwife Georganna Williams | |
| Address | | Easton | |
| Accident or Suicide? | | No | |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Unionville* TownCounty *Talbot*Date of death *1906 Jun 30th*Age *6* Years

Months

Days

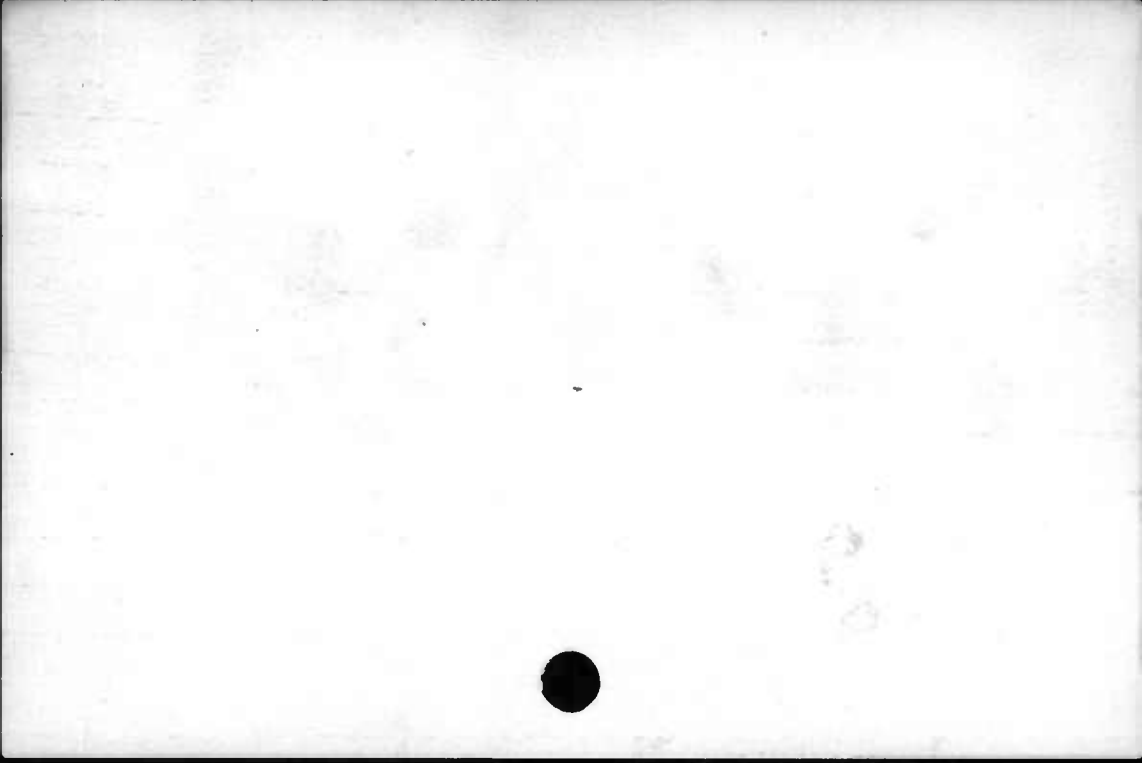
Sex *Female*Color or Race *Black*Birth-place *Unionville*Occupation *none*Where Residing if not at place of death *place of death.*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Isaac Gross*Father's Birthplace *Easton*Mother's Maiden Name *Sillie Baldwin*Mother's Birthplace *Talbot Co.*Name of person giving information *Edward Baldwin*How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Typhoid Fever* ①How long *Ten days*Immediate *General Aesthenia*How long *five days.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Dr. R. L. Travis*Address *Easton - Md.*Accident or Suicide? *✓*PHYSICIAN
OR CORONER



| | | | | | | | |
|-------------------------------------|--|---|--|--|--|---|--|
| Name in Full | | Ruth Haddaway | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Tilghman</i> Town | | <i>Talbot</i> County | | MARYLAND | |
| | | Date of death <i>1906</i> Month <i>1st</i> Day <i>14</i> | | Age <i>12</i> Years | | Months <i>6</i> Days <i>17</i> | |
| | | Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Tilghman</i> | |
| | | Occupation <i>—</i> | | Where Residing if not at place of death <i>"</i> | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband <i>—</i> | | | |
| PHYSICIAN OR CORONER | | Father's Name <i>Hugh Haddaway</i> | | | | Father's Birthplace <i>Tilghman</i> | |
| | | Mother's Maiden Name <i>Rebecca Cummings</i> | | | | Mother's Birthplace <i>"</i> | |
| | | Name of person giving information | | | | How related to deceased | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Typhoid</i> | | | | How long <i>24 days</i> | |
| | | Immediate | | | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | | | Signature of Physician <i>N. W. Chaires</i> | |
| | | | | | | Address <i>Tilghman, Md</i> | |
| | | Accident or Suicide? <i>—</i> | | | | | |



Name
in
Full

Sophia Ann Haddaway

CERTIFICATE OF DEATH

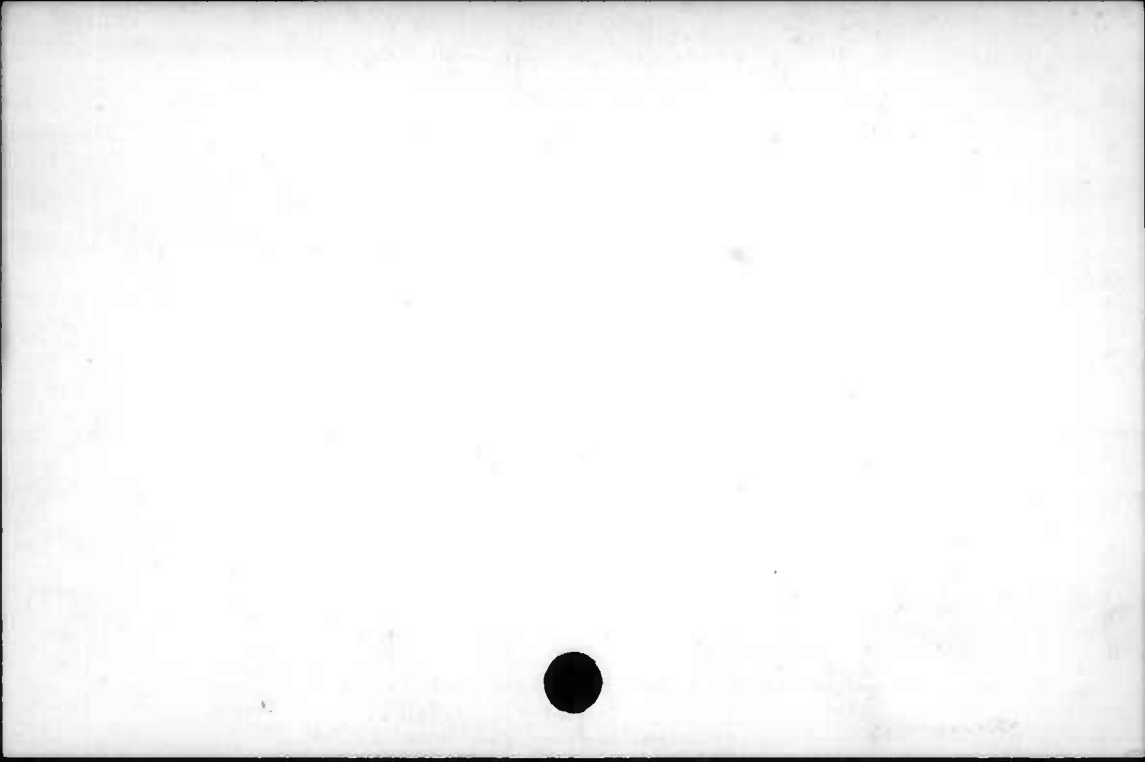
Died at *Oxford* Town*Talbot* County

MARYLAND

Date
of death *1906*Month
*1*Day
*14*Age *68* YearsMonths
*11*Days
*22*Sex *Female*Color or
Race *White*Birth-
place *Lighthouse Island*Occupation
*Housewife*Where Residing if not
at place of death *Oxford*Married, Single
or Widowed *Widower*Name of Wife or
Husband *Sophia Ann Gibson*Father's
Name *Richard J. Gibson*Father's
Birthplace *Somerset - Ca*Mother's
Maiden Name *Maria Ann Seidler*Mother's
Birthplace *Somerset - Ca*Name of person giving
Information *W. O. Haddaway*How related
to deceased *Son.*

CAUSES OF DEATH

Primary *Broncho Pneumonia (92)*How long *Eight days*Immediate *Suspended Circulation*How long *Four hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Audler P. Roberts*Address *Oxford Md*Accident or Suicide? *—**✓ Talbot Co*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Samuel P. Haslett

CERTIFICATE OF DEATH

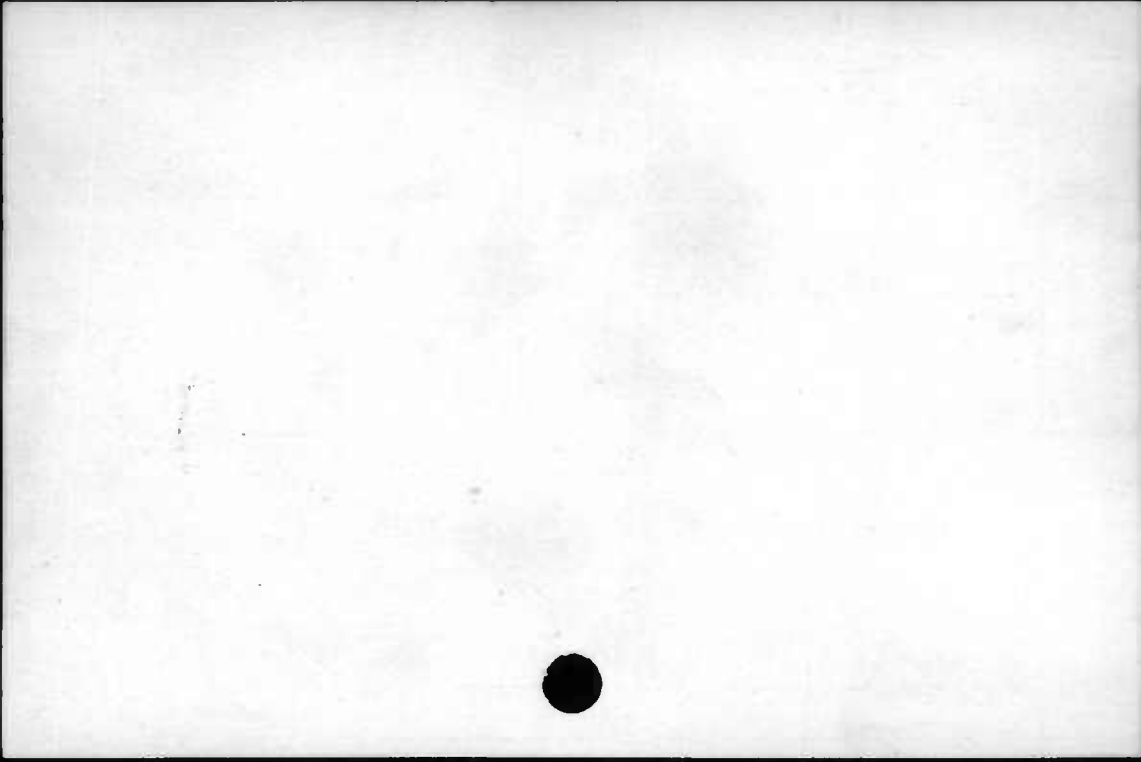
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---------------------------------------|------------------|---|-----|----------------------------|-------------------------------|
| Died at | | Town <u>Easton</u> <u>9</u> | | County <u>Talbot</u> | | MARYLAND | |
| Date of death | | 1906 | Month <u>Jan</u> | Day | Age | Years <u>71</u> | Months <u>2</u> Days <u>?</u> |
| Sex | | <u>Male</u> | | Color or Race | | <u>White</u> | |
| Occupation | | <u>Stamp printer</u> | | Where Residing if not at place of death | | <u>From place to place</u> | |
| Married, Single or Widowed | | <u>Not known</u> | | Name of Wife or Husband | | <u>Not known</u> | |
| Father's Name | | <u>Not known</u> | | Father's Birthplace | | <u>Not known</u> | |
| Mother's Maiden Name | | <u>Not known</u> | | Mother's Birthplace | | <u>Not known</u> | |
| Name of person giving information | | <u>A. Sednum Boardinghouse Keeper</u> | | How related to deceased | | <u>Not at all</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|-------------------------|------------------|
| Primary | <u>Angina Pectoris</u> | How long | <u>Not known</u> |
| Immediate | <u>Heart failure</u> | How long | <u>3 minutes</u> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <u>yes</u> | | <u>Chas F. Davidson</u> | |
| | | Address | |
| | | <u>Easton, Md.</u> | |
| Assent or dissent? | | <u>✓</u> | |



Name
in
Full

Mrs Ruth A. Leonard

CERTIFICATE OF DEATH

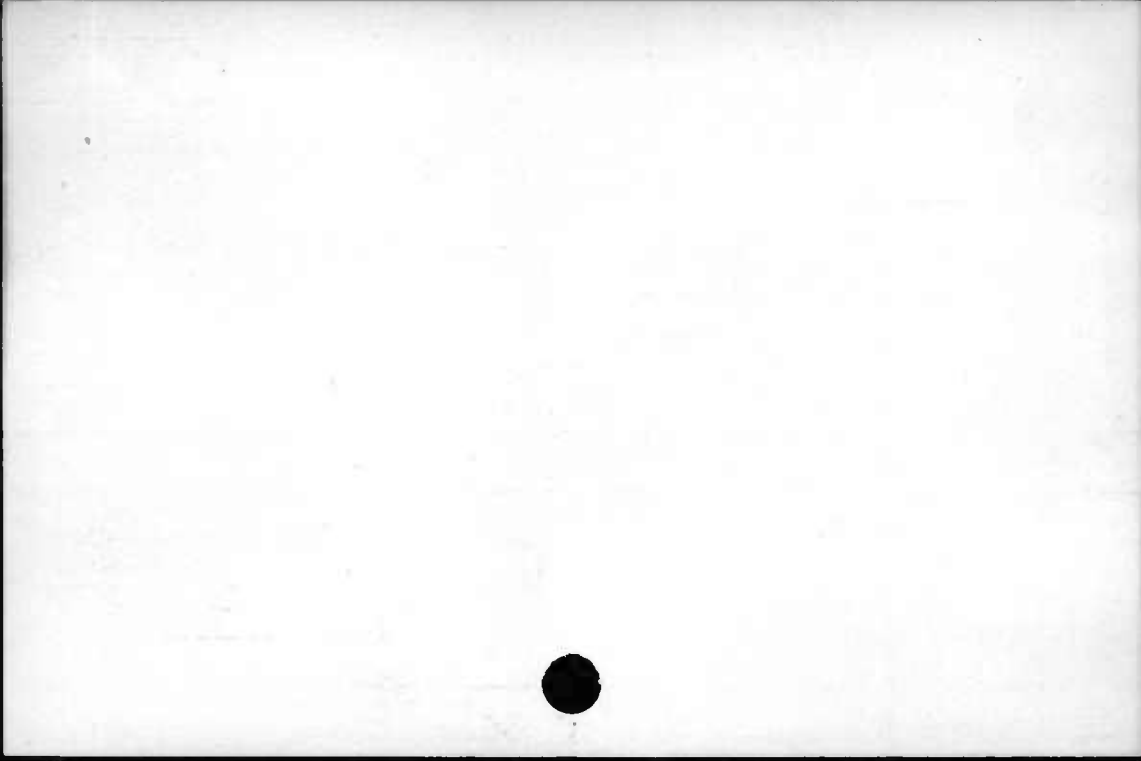
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|---------------|---|-------|---|---------------|
| Died at <i>near</i> | | Town <i>Easton</i> | | County <i>Talbot</i> | | MARYLAND | |
| Date of death <i>1906</i> | | Month <i>Jan</i> | Day <i>10</i> | Age <i>65</i> | Years | Months <i>7</i> | Days <i>8</i> |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Lady</i> | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>widow</i> | | Name of Wife or Husband <i>Wm. K. Leonard</i> | | | | | |
| Father's Name <i>John Burage</i> | | | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Not known</i> | | | | Mother's Birthplace <i>Maryland</i> | | | |
| Name of person giving information <i>Sol James</i> | | | | (19) | | How related to deceased <i>Son in Law</i> | |
| | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|--|---|
| Primary <i>Organic Heart Disease (Mitral Regurgitation)</i> | | How long <i>3 yrs</i> |
| Immediate <i>Exhaustion</i> | | How long <i>3 wks -</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Chas. F. Davidson</i> |
| | | Address <i>Easton, Md -</i> |
| Accident or Suicide? <i>✓</i> | | |



Name
in
Full

Alexander B. McQuay

CERTIFICATE OF DEATH

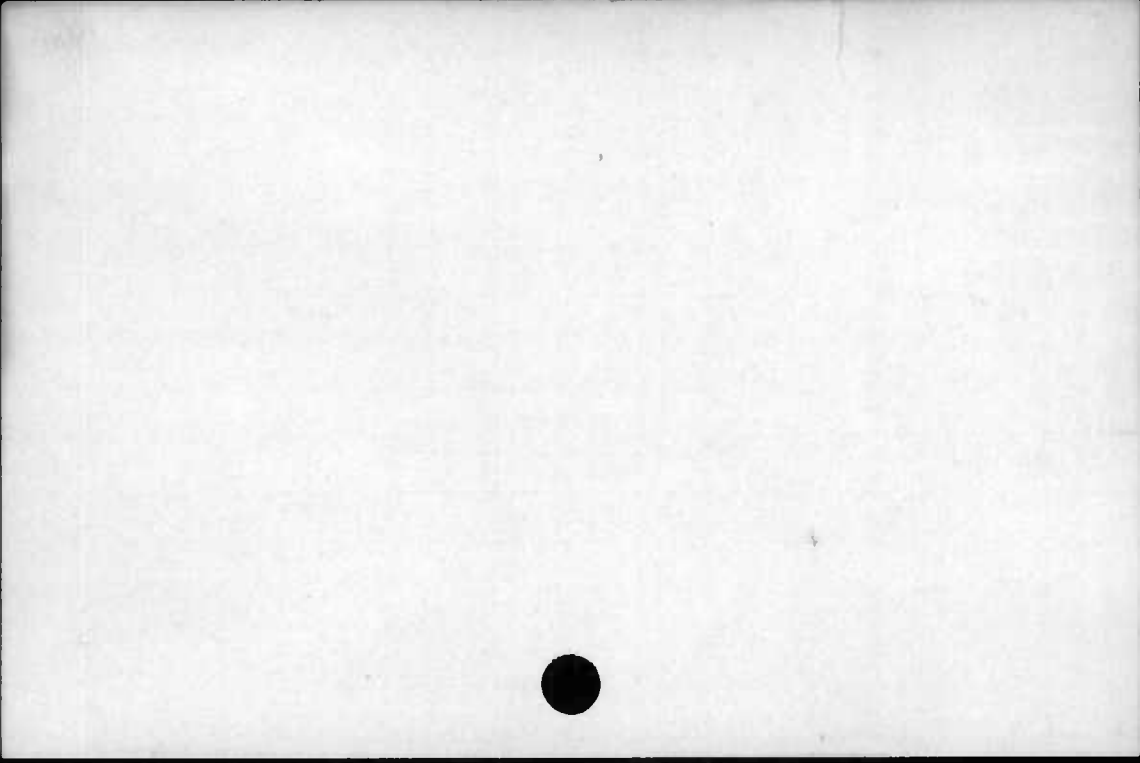
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------|----------------|-------------------------|---|-----------|-------------------------|--------------|
| Died at | | Town Bozman | | County Talbot | | MARYLAND | |
| Date of death | | 1906 | Month July | Day 16 | Age 32 | Years 8 | Months 12 |
| Sex | Male | | Color or Race | White | | Birthplace | Bozman |
| Occupation | Waterman | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Reuben McQuay | | | | | Father's Birthplace | Bozman |
| Mother's Maiden Name | Lucenia Jones | | | | | Mother's Birthplace | Bozman |
| Name of person giving information | Jno. Reuben McQuay | | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------|------------------------|----------------|
| Primary | Consumption | How long | Not known |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Dr. J. B. Dick |
| | | Address | St. Michael |
| Accident or Suicide? | No | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Tilghman

Miles
County
Talbot

Date

of death

1906

Month

Jan

Day

19

Age

Years

—

Months

—

Days

6

Sex

Baby Male

Color or
Race

Black

Birth-
place

Tilghman

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Miles

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Milky Miles

Mother's
Birthplace

"

Name of person giving
In formation

Chas. H. Honey

How related
to deceased

No relation

CAUSES OF DEATH

Primary

Congestion of Lungs

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

(95)

S. K. Wilson

Address

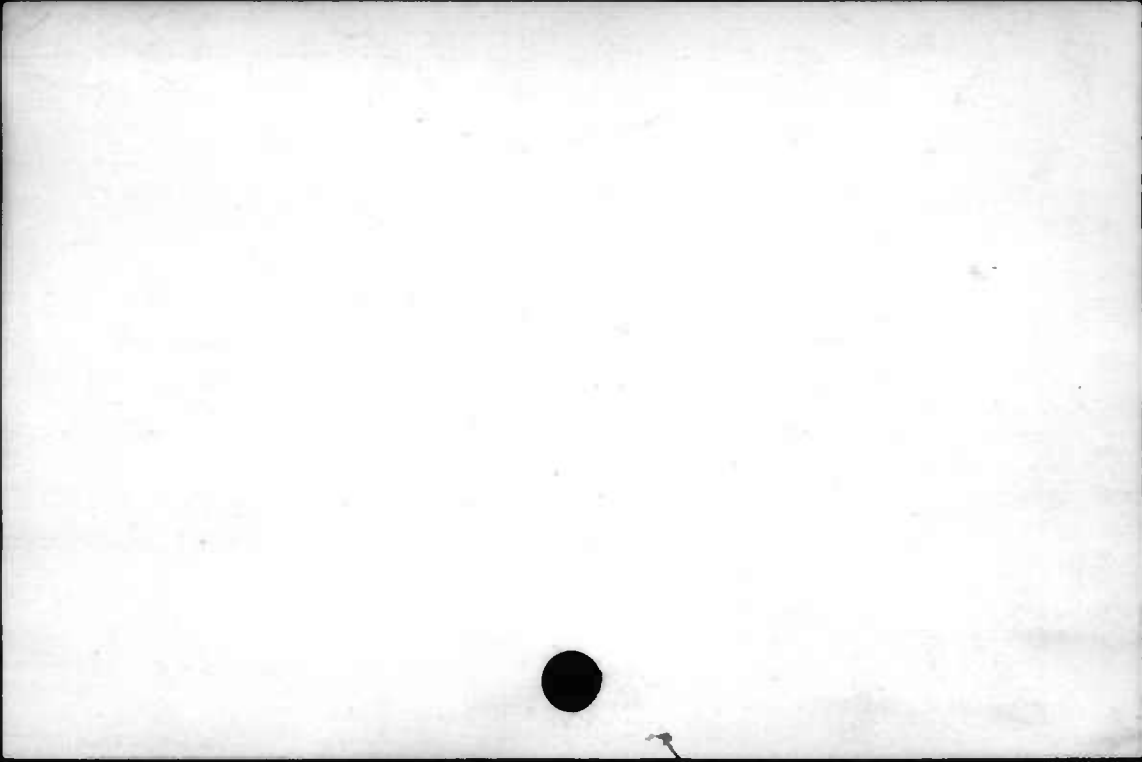
Saw cancer there

Tilghman

Accident or Suicide

Lungs before death

ml



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Michaels* TownCounty *Talbot*Date of death *1906* Month *Jan* Day *8*Age *74* YearsMonths *3*Days *10*Sex *Female*Color or
Race*Black*Birth-
place

Occupation

*House wife*Where Residing if not
at place of deathMarried *Yes* or Widowed *Widowed*Name of Wife or
Husband*Perry Mires*Father's
Name*not known*Father's
BirthplaceMother's
Maiden Name*Mary Jones*Mother's
Birthplace*Bay Bridge*Name of person giving
Information*John Lawrence*How related
to deceased*Son in law*

CAUSES OF DEATH

Primary

Old age

How long

Immediate

same

How long

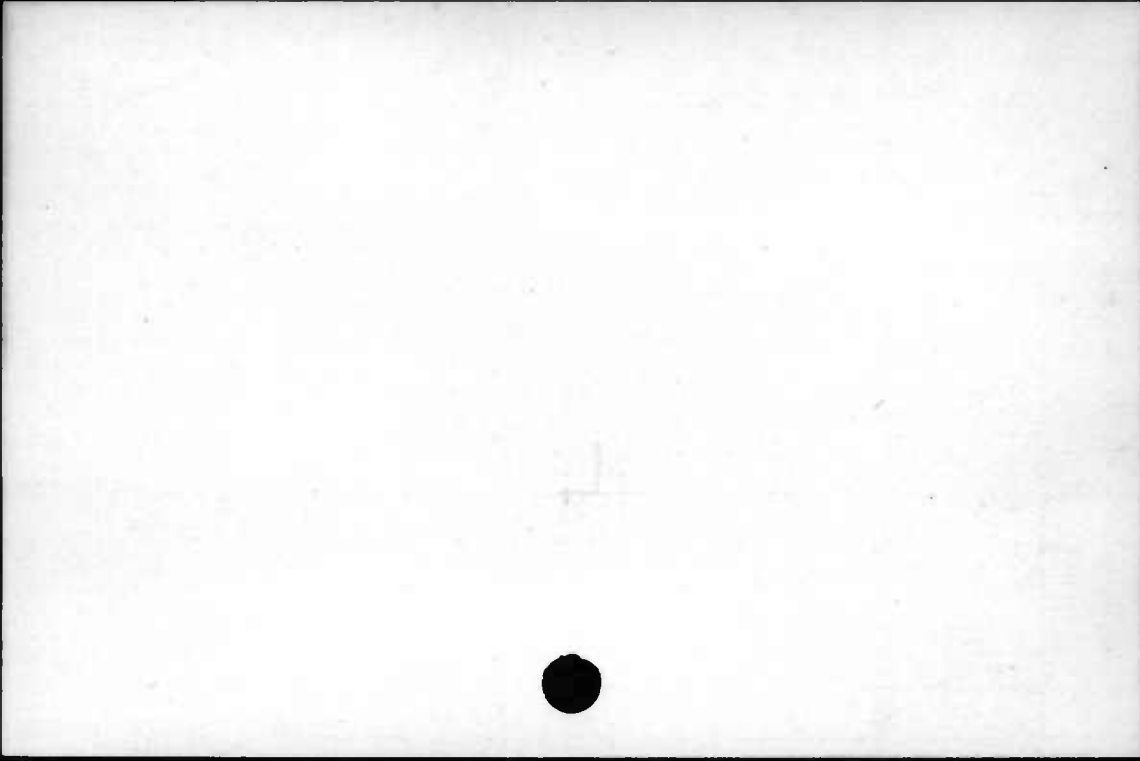
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*O P Sparks M.D.*

Address

St Michaels

Accident or Suicide?

✓



Name
in
Full

CERTIFICATE OF DEATH

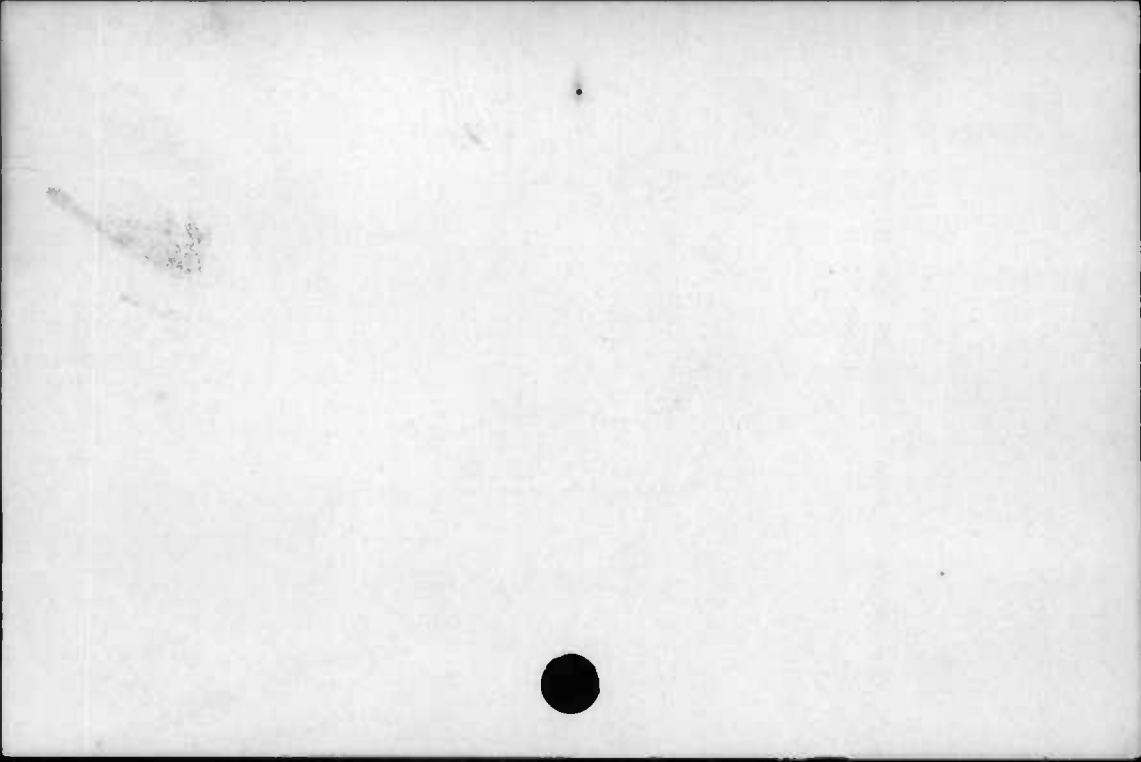
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---------------------------------|--|-----------------|---------------|
| Died at <i>McDaniel</i> ^{Town} | | <i>Salbo</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> ^{Month} <i>Jan</i> ^{Day} <i>22</i> ^{Years} <i>97</i> | | Age <i>97</i> | | Months <i>-</i> | Days <i>-</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i>Dilphmaus Md</i> | | | |
| Occupation <i>none</i> | Where Residing if not at place of death <i>McDaniel</i> | | | | |
| Married, Single or Widowed <i>widowed</i> | Name of Wife or Husband <i>-</i> | | | | |
| Father's Name <i>Robt. Neumann</i> | Father's Birthplace <i>Salbot Co Md</i> | | | | |
| Mother's Maiden Name <i>Do can not ascertain</i> | Mother's Birthplace <i>Salbot Co Md</i> | | | | |
| Name of person giving information <i>Mrs. Ruth</i> | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Valvular Heart Disease</i> | How long <i>3 yrs</i> |
| Immediate <i>Cardiac Asthenia</i> | How long <i>6 mos</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. Blaseock</i> |
| | Address <i>St. Michael's Md</i> |
| Accident or Suicide? <i>-</i> | <i>✓</i> |



Name
in
Full

Father le. Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

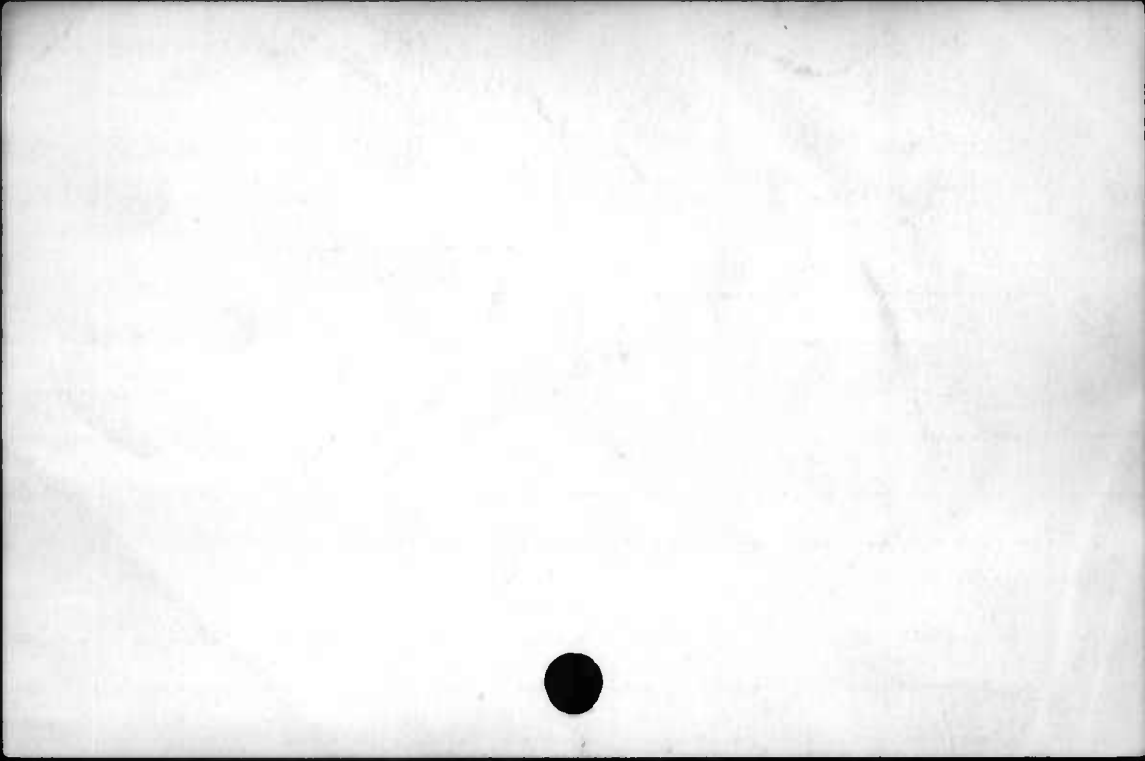
MARYLAND

| | | | | | |
|---|------------------------|----------------------|-------------------------|-------------------------|---------------------------------|
| Died at <i>Oxford</i> Town | | <i>Talbot</i> County | | | |
| Date of death | <i>1906</i> Month | <i>Jan</i> Day | <i>22</i> Age | <i>80</i> Years | Months <i>11</i> Days <i>21</i> |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | |
| Occupation | <i>Laborer</i> | | Birthplace | <i>Somerset Co</i> | |
| Where Residing if not at place of death | | | <i>Oxford</i> | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | <i>Emaline Sterling</i> | |
| Father's Name | <i>John Potter.</i> | | | Father's Birthplace | <i>Somerset Co</i> |
| Mother's Maiden Name | <i>Susan Shorplace</i> | | | Mother's Birthplace | <i>Talbot Co</i> |
| Name of person giving Information | <i>Maurice Allen</i> | | | How related to deceased | <i>Step son</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|----------------------|
| Primary | <i>Old Age.</i> | How long | <i>Six weeks</i> |
| Immediate | <i>Heart-failure</i> | How long | <i>Five days</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>A. H. Roberts</i> |
| | | Address | <i>Oxford</i> |
| Accident or Suicide? | <i>—</i> | | <i>Ind</i> |



Name
in
Full

Richard Franklin Rowleson

CERTIFICATE OF DEATH

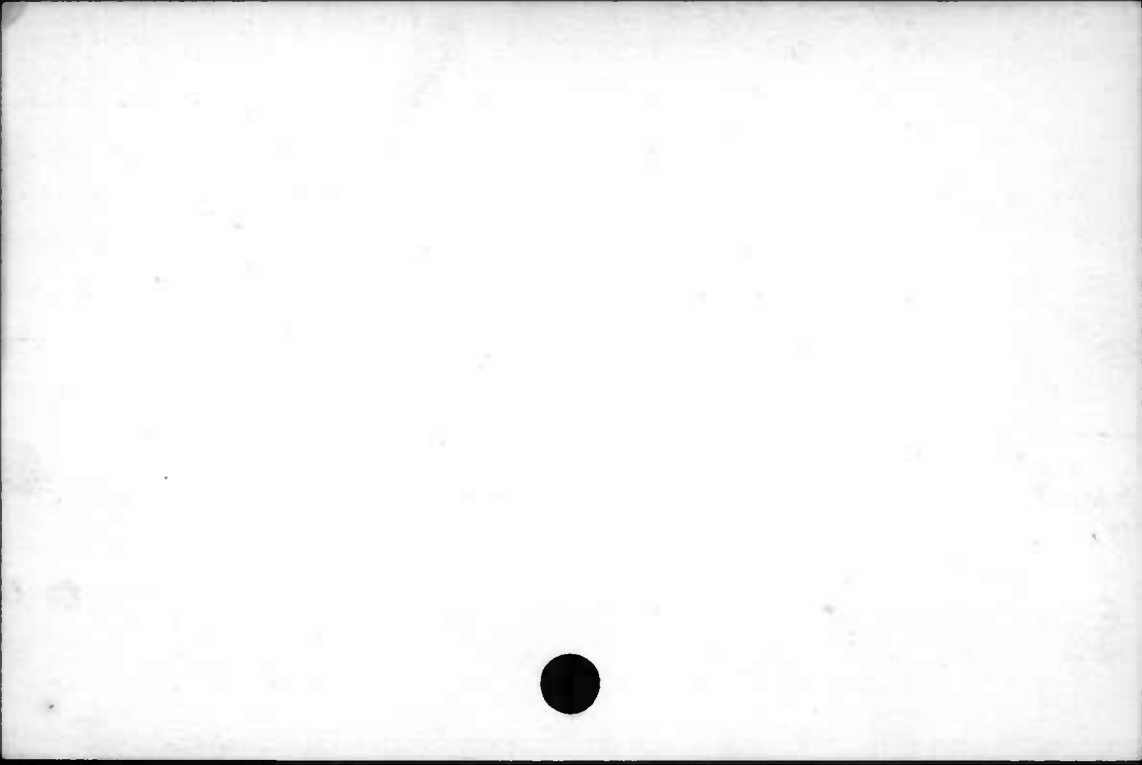
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---------------------------------|----------------------------------|------------------------------------|---------------------------|
| Died at <i>Gilghman</i> ^{Town} | | <i>Talbot</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | <i>Jan</i> ^{Month} | <i>29</i> ^{Day} | <i>67</i> ^{Years} | <i>1</i> ^{Months} | <i>29</i> ^{Days} |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Talbot Co. Md</i> | | |
| Occupation <i>Merchant</i> | Where Residing if not at place of death <i>Gilghman Md</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Mary Kirby Rowleson</i> | | | | |
| Father's Name <i>Wm Rowleson</i> | Father's Birthplace <i>Talbot Co.</i> | | | Mother's Birthplace <i>" "</i> | |
| Mother's Maiden Name | <i>Thas Rowleson</i> 19 | | | How related to deceased <i>Son</i> | |
| Name of person giving information | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Valvular Disease of Heart</i> | How long <i>Two years</i> |
| Immediate <i>Congestion of Lung & Asphyxia</i> | How long <i>Five days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>S. Kennedy Wilson</i> |
| | Address <i>Gilghman Md</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Amelin Soudsby

CERTIFICATE OF DEATH

MARYLAND

Died at Easton TownTalbot CountyDate of death 1906 Jan MonthDay 4Age 84 YearsMonths 9Days 23Sex Female

Color or Race

WhiteBirth-place Alexandria, VaOccupation houseWhere Residing If not at place of death —Married, Single or Widowed Widow

Name of Wife or Husband

Robert SoudsbyFather's Name Daniel HainFather's Birthplace Barksb., PaMother's Maiden Name Mary FisherMother's Birthplace Barksb., PaName of person giving information Charles I. SoudsbyHow related to deceased Son

CAUSES OF DEATH

Primary SenilityImmediate UremiaHow long 3 mosHow long 1 week

Are the name, age, sex, color, date and place correctly given above?

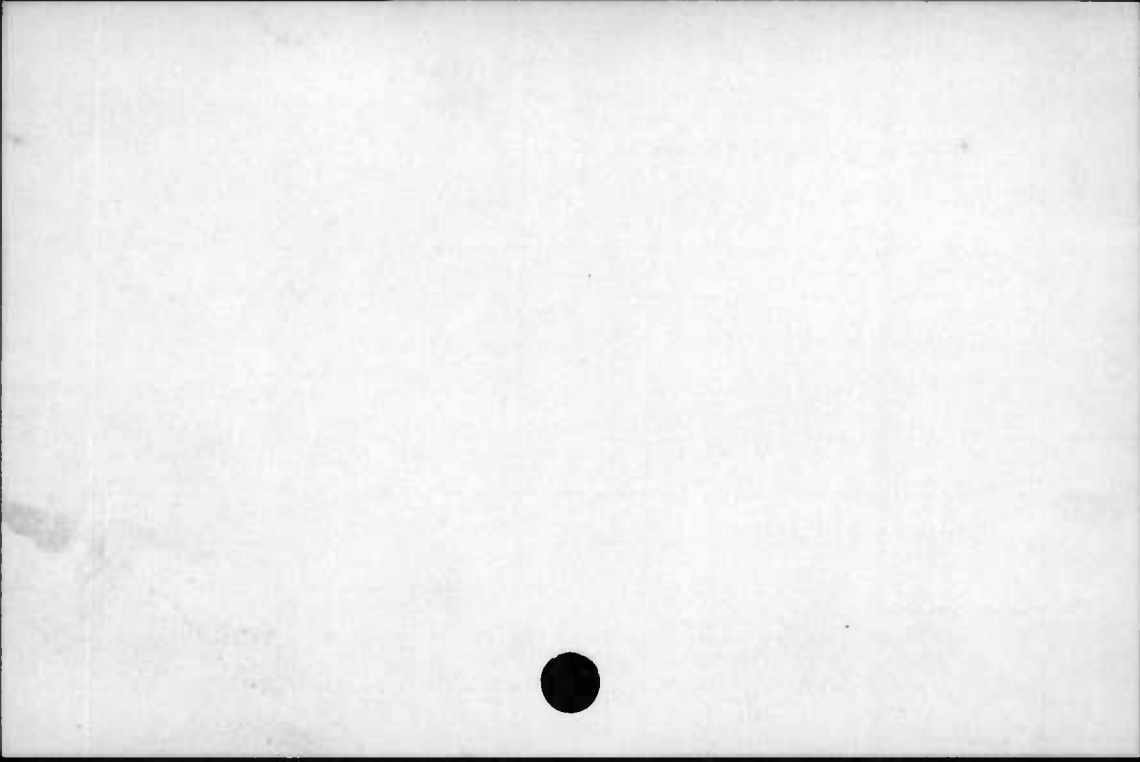
Signature of Physician

Address

Easton, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas H. Zipppe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|---------------|---|------------------|----|----------|----|
| Died at | | Easton | | Talbot | | MARYLAND | |
| Date of death | 1906 | Month | Jan | Day | 19 | Years | 63 |
| Sex | Male | Color or Race | White | Months | 1 | Days | 6 |
| Occupation | Guard Agent | | Where Residing if not at place of death | X | | | |
| Married, Single or Widowed | Widowed | | Name of Wife or Husband | Martha S. Masser | | | |
| Father's Name | Richard J. Zipppe | | Father's Birthplace | Md | | | |
| Mother's Maiden Name | Sarah H. Hayward | | Mother's Birthplace | Md | | | |
| Name of person giving information | Thos H. Zipppe Jr | | How related to deceased | Son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|-------------------------------|-----|------------------------|--------------|
| Primary | Congestion of liver & Kidneys | | How long | 3 weeks |
| Immediate | Meningeal Poisoning | | How long | 4 days |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | E. R. Zipppe |
| | | | Address | Easton |
| Accident or Suicide? | | | | Md |



Name
in
Full

Lex R. Turpin

CERTIFICATE OF DEATH

MARYLAND

Died at Easton TownTalbot CountyDate of death 1906 Month JanDay 21 Age —Months 2 Days 21Sex MaleColor or Race BelBirth-place EastonOccupation InfantWhere Residing if not at place of death —Married, Single or Widowed IName of Wife or Husband —Father's Name Henry BiasFather's Birthplace BelMother's Maiden Name Nora TurpinMother's Birthplace BelName of person giving information H. BiasHow related to deceased Father

CAUSES OF DEATH

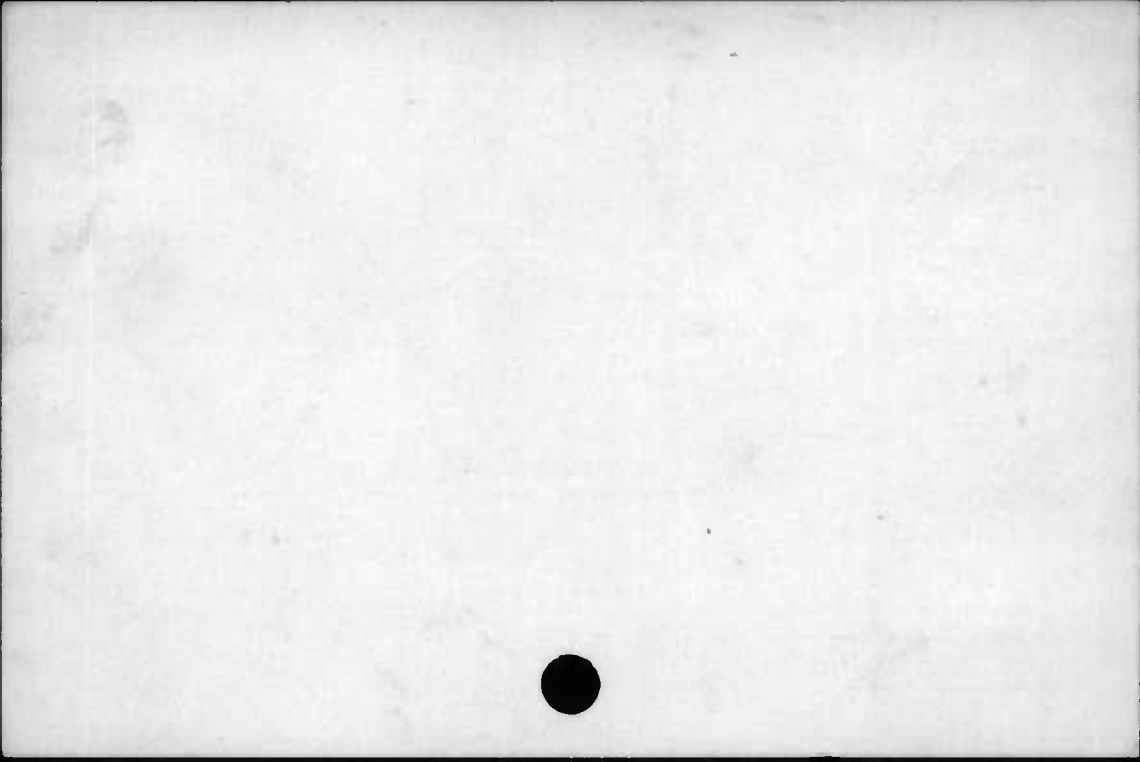
Primary businessHow long 3 weeksImmediate infectionHow long 1 week

Are the name, age, sex, color, date and place correctly given above?

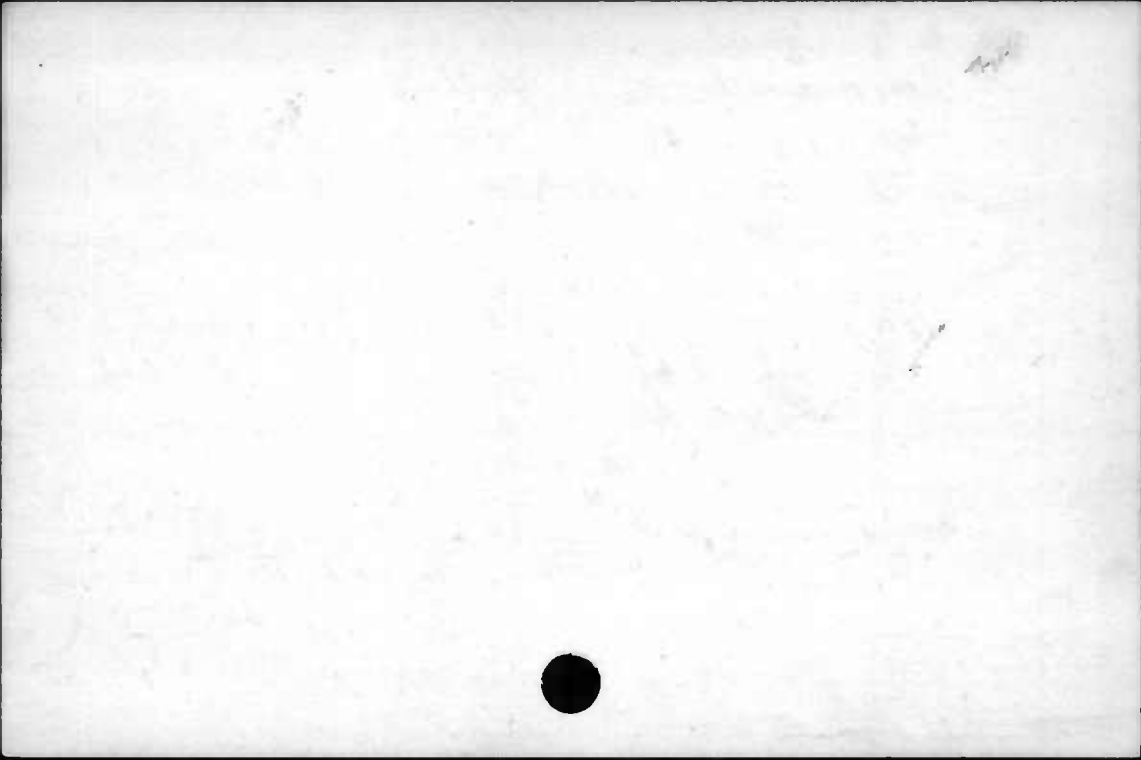
Signature of Physician J. B. HermitAddress Easton, Bel

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



| | | | | | | | |
|---|--|------------------|------------------------------|---|--------------------------|----------------------|----------------|
| Name in Full | | John Henry Wales | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | St. Michaels ^{Town} | | Talbot ^{County} | | MARYLAND |
| | Date of death | 1906 | Month | June | Day | 18 | Age |
| | | | | | Years | 89 | Months |
| | | | | | | 10 | Days |
| | | | | | | 14 | |
| | Sex | Male | | Color or Race | Caucasian | | Birth-place |
| | | | | | | | St. Michaels |
| Occupation | Mariner | | | Where Residing if not at place of death | | | - St. Michaels |
| Married, Single or Widowed | Widowed | | Name of Wife or Husband | | Irene Wales | | |
| Father's Name | Jonathan Wales | | | | Father's Birthplace | Do not know | |
| Mother's Maiden Name | Do not know | | | | Mother's Birthplace | Do not know | |
| Name of person giving information | John H. W. Wales | | | | How related to deceased | Son | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Chronic Cystitis | | | | How long | 4 yrs |
| | Immediate | Genil Asthenia | | | | How long | 1 year |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | A. B. Glascock | |
| | | | | | Address | St. Michaels | |
| | | | | | | Md | |
| Accident or Suicide? | | - | | | | | |



| Name in Full | | Lula Virginia Wright (Illegitimate) | | | | CERTIFICATE OF DEATH | |
|---|--|-------------------------------------|----------------------------------|--|---|----------------------|----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Peru Penn Anne</i> | | Town <i>Talbot</i> | | County | | MARYLAND |
| | Date of death <i>1906</i> | Month <i>1</i> | Day <i>19</i> | Age <i>—</i> | Years <i>—</i> | Months <i>3</i> | Days <i>10</i> |
| | Sex <i>Girl</i> | | Color or Race <i>Negro</i> | | Birth-place <i>Coralie Co</i> | | |
| | Occupation <i>—</i> | | | Where Residing If not at place of death <i>—</i> | | | |
| | Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | |
| | Father's Name <i>Hermon Wright</i> | | | | Father's Birthplace <i>Coralie Co</i> | | |
| | Mother's Maiden Name <i>Sarah Dobson</i> | | | | Mother's Birthplace <i>Talbot Co</i> | | |
| Name of person giving information <i>Tom Harris</i> | | | | How related to deceased <i>Brother in Law</i> | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Don't know, I did not attend</i> | | | | How long <i>with it -</i> | | |
| | Immediate <i>it. They had no doctor. They used patent medicines</i> | | | | How long <i>—</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Suppose so</i> | | | | Signature of Physician <i>D. R. Hackett</i> | | |
| | | | | | Address <i>Peru Anne, Ind.</i> | | |
| | Accident or Suicide? <i>✓</i> | | | | | | |

